

Idaho Department of Labor  
 UI Compliance Bureau  
 317 Main Street  
 Boise, ID 83735-0760

### Amended Unemployment Insurance Tax Report

Employer Name &amp; Address

Employer Account #

This is to amend the \_\_\_\_\_ quarter of \_\_\_\_\_ unemployment insurance tax report as indicated below:

	As Reported	Net Change-Enclose Decrease in brackets	As Corrected
1. Total Gross Wages Paid in Quarter			
2. Total Wages in Excess of \$			
3. Taxable Wages			
4. Tax Due (line 3 X %)			
5. Total Prior Tax Payments for This Quarter			
6. Credit (if line 5 exceeds line 4)			
7. Additional Tax due (line 4 minus line 5)			
8. Late penalty: greater of 4% of line 7 or \$20 for each month or part of month after due date of original report.			
9. Total Due or Credit			

Reason For Adjustment:

### Amended Employee Information (if necessary) Attach additional pages if needed

10. Social Security No.	11. Name of Employee	Total Wages Paid	
		12. As Reported	13. Should Be
14. Totals			
15. Difference (+ or -): Column 13 Total - Column 12 Total			

Signature

Title

Date